MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09107

9 95

CERTIFICATE OF DEATH

Dr Wells

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 20 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 136 North Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 136 North Ave

3. NAME OF DECEASED: (Type or Print) (First) CORNELIUS (Middle) SYLVESTER (Last) ANDREWS

4. DATE OF DEATH: (Month) Sept (Day) 22 (Year) 1955

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Feby 22 1896
9. AGE last birthday 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector Penna R.R. Retired
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): near Martinsburg W. Va.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Andrews
14. MOTHER'S MAIDEN NAME: Ida Andrews

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) ------
16. SOCIAL SECURITY NO. 717-07-9322
17. INFORMANT & ADDRESS: Mrs Thelma Andrews

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

IMMEDIATE CAUSE (A) acute coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Diabetes M DUE TO — 3½ yrs.

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 0
19B. MAJOR FINDINGS OF OPERATION -
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none
21C. WHERE DID INJURY OCCUR? (City or town) - (County) - (State) -

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Apr. 26, 1952 to Sept. 15, 1955, that I last saw the deceased alive on Sept. 15, 1955 and that death occurred at ..... P.M, from the causes and on the date stated above.

SIGNATURE L. A. Bell M.D. ADDRESS 115 N. Potomac St- Hagerstown, Md DATE SIGNED 9-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/24/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 24 1955
REGISTRAR'S SIGNATURE Chas H Stevens
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Dr. Hirshman

9134

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09108

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Hagerstown R.F.D.
LENGTH OF STAY (in this place) 18 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middleburg Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown, R.F.D. X
STREET ADDRESS (If rural give location) Middleburg Pike.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Harvey (Last) Andrews

4. DATE OF DEATH: (Month) Sept (Day) 2, (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Jan,17,1872

9. AGE last birthday 83 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dryer Cromer Ribbon

10B. KIND OF BUSINESS OR INDUSTRY: Mills

11. BIRTHPLACE (State or foreign country): Near Martinsburg W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rev. Jermiah Andrews

14. MOTHER'S MAIDEN NAME: Margaret Needy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) Nonw

16. SOCIAL SECURITY NO. 214-09-3813

17. INFORMANT & ADDRESS: Mrs Bessie Andrews

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — 2 Minutes

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 19 55, to Sept 2, 19 55, that I last saw the deceased alive on Sept 2, 19 55, and that death occurred at 7A M, from the causes and on the date stated above.

SIGNATURE Chas H Bowers M. D. ADDRESS Hagerstown Md DATE SIGNED 9/3/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 4/55
NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept 3, 1955
REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

VS. A15—10-53

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH 09109

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

9?96 Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN; LENGTH OF STAY (in this place) 40 YRS.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 124 S. LOCUST ST. REAR	STREET ADDRESS (If rural, give location) 124 S. LOCUST ST. REAR

3. NAME OF DECEASED (Type or Print) (First) CLIFTON (Middle) MACEDON (Last) BACHTELL SR.
4. DATE OF DEATH (Month) SEPT. (Day) 29 (Year) 1955
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH 3/29/1890
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIL MAN
10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME MARTIN LUTHER BACHTELL
14. MOTHER'S MAIDEN NAME KATHERINE KEEFER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220-16-2740
17. INFORMANT AND ADDRESS MR. CLIFTON M. BACHTELL JR. HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Cardio Vascular Disease — 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. E W Ditto (Degree or title) Act. Dep. Med. Exam. ADDRESS Hagerstown Md. DATE SIGNED 9/30/55

BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 10/1/55 | NAME OF CEMETERY OR CREMATORY Rose Hill Cem. | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL Oct. 1, 1955 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR W. T. Harmon | ADDRESS Hagerstown Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

9135

09110

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN RURAL
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE#6

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HAGERSTOWN
STREET ADDRESS (If rural give location) ROUTE#6

3. NAME OF DECEASED: (Type or Print) (First) AMANDA (Middle) C. (Last) BAER

4. DATE OF DEATH: (Month) SEPT. (Day) 5 (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 11/27/1880

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MOAB SHOWALTER

14. MOTHER'S MAIDEN NAME: ANNA SHANK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. NATHAN MARTIN RR.#6 HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Kidney — Interval Between Onset And Death: 6 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) With metastases to Liver & Lungs.

DUE TO

(c)

180X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Apr. 1955

19b. MAJOR FINDINGS OF OPERATION: Carcinoma Rt. Kidney (Removed)

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1955, to Sept 3, 1955, that I last saw the deceased alive on Sept 2, 1955, and that death occurred at 11:40 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 9/4/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/6/55 — NAME OF CEMETERY OR CREMATORY Paradise Church Cem — LOCATION (City, town, or county) Washington Co. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept 6 1955 — REGISTRAR'S SIGNATURE Edith Bowers

24. FUNERAL DIRECTOR H. E. Minnich — ADDRESS Greencastle, Pa.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9136 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09111

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X rural / Smithsburg
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 R. F. D. #2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Smithsburg X
STREET ADDRESS (If rural give location) R. F. D. #2

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) (Last) Barkdoll

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 19 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Oct. 22, 1863

9. AGE last birthday 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10B. KIND OF BUSINESS OR INDUSTRY: truck farmer

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Eliza Barkdoll

14. MOTHER'S MAIDEN NAME: Rebecca Yeakle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. - -

17. INFORMANT & ADDRESS: Marshall Kline, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis — 10 years

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4 - , 1940 to 9 - 8 , 1955, that I last saw the deceased alive on 9 - 8 , 1955, and that death occurred at 6 00 M, from the causes and on the date stated above.

SIGNATURE Walter Richard M. D. ADDRESS Waynesboro Pa DATE SIGNED 9-9-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 9-10-55

NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery

LOCATION (City, town, or county) (State) Smithsburg, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 9-55

REGISTRAR'S SIGNATURE Geo. W Ferguson

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Smithsburg

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09112

CERTIFICATE OF DEATH

9137 Reg. Dist. No. 304

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Rural Hancock
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Hancock X
STREET ADDRESS (If rural give location) Route 40

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Madeline S. Barnhart

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 14-55 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: January 4, 1885

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days IF UNDER 24 HRS.: Hours, Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: Home Duties

11. BIRTHPLACE (State or foreign country): Hancock, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Sensel

14. MOTHER'S MAIDEN NAME: Rebecca Ellen Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

15. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Julia Lynn- Hancock, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Cardio-Vascular-renal disease
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1958 to 9-14, 1955, that I last saw the deceased alive on 9-2, 1955, and that death occurred at 5:40 P. M, from the causes and on the date stated above.

SIGNATURE Herbert R. Tobias M. D. ADDRESS Hancock Md DATE SIGNED 9-16-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Sept. 17, 1955

NAME OF CEMETERY OR CREMATORY Tonoloway Baptist Cem.

LOCATION (City, town, or county) (State) Near Hancock, Md.

DATE REC'D BY LOCAL REGISTRAR 9-17-55

REGISTRAR'S SIGNATURE J. Heller

24. FUNERAL DIRECTOR Mildred T. Rowland ADDRESS Near Spring Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9097

09113

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 320 Vale Street 1

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Edward (Last) Baughman

4. DATE OF DEATH: (Month) Sept. (Day) 18 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: 9-17-1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Kenneth L. Lum

14. MOTHER'S MAIDEN NAME: Virgie Joyce Baughman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Mary Shantz, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

7620 IMMEDIATE CAUSE (A) DUE TO Pulmonary Hyaline Membrane 2 Days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES X NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/17, 1955, to 9/18, 1955, that I last saw the deceased alive on 9/18, 1955, and that death occurred at 6:45 P M, from the causes and on the date stated above.

SIGNATURE D. J. Boyer M. D. ADDRESS 135 W. Potomac St. DATE SIGNED 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-20-1955

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 19, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

Dr. Ralph Young

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9'98

09114

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 4 weeks
03
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 114 Wayside ave. 1

3. NAME OF DECEASED: (Type or Print) (First) John Frederick (Middle) (Last) Beard

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 3, 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: Nov. 15, 1879

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate & Ins. Broker

10B. KIND OF BUSINESS OR INDUSTRY: Own

11. BIRTHPLACE (State or foreign country): Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lewis C. Beard

14. MOTHER'S MAIDEN NAME: Susan Harbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 213-01-9023

17. INFORMANT & ADDRESS: Catherine Beard 114 Wayside Ave,

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: Days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/2/55, 19..., to 9/3/55, 19..., that I last saw the deceased alive on 9/3/55, 19..., and that death occurred at 10:35 P.M., from the causes and on the date stated above.

SIGNATURE Ralph L. Young M. D ADDRESS Williamsport, Md. DATE SIGNED 9/5/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-7-1955

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR 9/5/1955

REGISTRAR'S SIGNATURE Ernest Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

Ralph Young.

10162

MARYLAND STATE DEPARTMENT OF HEALTH

9138

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Sharpsburg — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60 Boyers Store Sharpsburg

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bentley	Harry	Benner	Sept.	22	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	June 20 1890	65 yrs.	3	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer Retired	Quarry	Sharpsburg, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Sheridan Benner	Mary Ellen Price

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes World War I	(213-12-7015)	2105 Vir.Ave Md. Mrs. David G. Drawbaugh Hagerstown,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

023X

Immediate cause (a) Cardio Vascular Stasis — 6 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Cystitis) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Sharpsburg	Washington	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. E. Leth	Attending Physician	Hagerstown Md	9/23/55

BURIAL, CREMATION (REMOVAL, Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 25, 1955	Mt. View Cemetery	Sharpsburg, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 24, 1955	E. G. Boyer	Albert L. Leaf	Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

DR. CARPENTER

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9139

CERTIFICATE OF DEATH

Reg. Dist. No. 0915 57

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X WEVERTON - RURAL
LENGTH OF STAY (in this place) 10 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 KNOXVILLE MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WEVERTON - RURAL X 1
STREET ADDRESS (If rural give location) KNOXVILLE MD-R1

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) HOWIE (Last) BINGHAM

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 16, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: MARCH 10 1876

9. AGE last birthday 79-6-6 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED RURAL MAIL CARRIER

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WEVERTON WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: DAVID BINGHAM

14. MOTHER'S MAIDEN NAME: MARY MERRIMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS. DOROTHY BREWBAKER BETHESDA MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

IMMEDIATE CAUSE (A) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/7, 1955 to 9/16, 1955, that I last saw the deceased alive on 9/16, 1955, and that death occurred at 4:15 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. C B Carpenter — ADDRESS Brunswick MD — DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF SEPT. 19. 1955 — NAME OF CEMETERY OR CREMATORY KNOXVILLE CEMETERY — LOCATION (City, town, or county) (State) KNOXVILLE WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR Oct. 17-1955 — REGISTRAR'S SIGNATURE Katherine Dagenhart

24. FUNERAL DIRECTOR Wm. F. BAST AND SONS — ADDRESS BOONSBORO MD

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09117

CERTIFICATE OF DEATH

9 99 Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 16 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 138 Fairground Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 138 Fairground Ave.

3. NAME OF DECEASED: (Type or Print) (First) LULA (Middle) ALDA (Last) BROWNE

4. DATE OF DEATH: (Month) September (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: November 8, 1878

9. AGE last birthday 76 yrs. IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isiah Hartle

14. MOTHER'S MAIDEN NAME: Lavenia Danzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Miss. Annilea Browne Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X IMMEDIATE CAUSE (A) Cancer of stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1954 to Sept, 1955, that I last saw the deceased alive on 9/28/55, 19..., and that death occurred at 1 A M, from the causes and on the date stated above.

SIGNATURE Leonard M. Woods M.D. ADDRESS Hagerstown Md DATE SIGNED 9/29/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 10/1/55 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09118

91 0

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg R.F.D. #2 X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Dean (Last) Butts

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct. 9, 1885
9. AGE last birthday 69 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): White Post, Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Stuart
14. MOTHER'S MAIDEN NAME: Caroline Fogg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. - -
17. INFORMANT & ADDRESS: Mrs. Elizabeth Spong, Hag., Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

584X IMMEDIATE CAUSE (A) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 18 days

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Post. operative shock
DUE TO (C) Bile Peritonitis
Biliary Obstruction

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 8-30-55 / 9-13-55
19B. MAJOR FINDINGS OF OPERATION: Cholelithiasis & Cholocystitis / Stones in common Bile Duct
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1955 to 9/17, 1955 that I last saw the deceased alive on 9/17, 1955, and that death occurred at 12:25 P M, from the causes and on the date stated above.
SIGNATURE AND M. D. Charles F. Hess
ADDRESS Smithsburg, Md.
DATE SIGNED 9/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9/19/55
NAME OF CEMETERY OR CREMATORY: Rest Haven
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: 9-19-1955
REGISTRAR'S SIGNATURE: Chas. H. Bowers
24. FUNERAL DIRECTOR: Scott F. Minnich, & Son, Hagerstown Md.
ADDRESS

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09119

CERTIFICATE OF DEATH

9111 Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53 20952224 00

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown. R#6 X
STREET ADDRESS (If rural give location) c/o Stevenson S/S Md. 1

3. NAME OF DECEASED: (Type or Print) (First) Sharon (Middle) Lee (Last) Campbell

4. DATE OF DEATH: (Month) Sept (14) (Day) 12 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 9/17/55
9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Donald Campbell
14. MOTHER'S MAIDEN NAME: Deloris Shifflett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) # No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: Newman Shifflett Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5
IMMEDIATE CAUSE (A) respiratory failure — 8 hrs.
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) atelectasis, congenital — 2 days
DUE TO
(C) immaturity (prematurity) — 2 days

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. none

19A. DATE OF OPERATION: none
19B. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) none
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) none M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Sept 13, 1955, to Sept 14, 1955 that I last saw the deceased alive on Sept. 13, 1955, and that death occurred at 3 A M, from the causes and on the date stated above.

SIGNATURE Elaine K. Donnellan M. D. ADDRESS Hagerstown, Md. DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9/14/55
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 14, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Rest Haven Funeral Chapel Inc, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09120

912

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown, Md.
LENGTH OF STAY (in this place) life time
HOSPITAL OR INSTITUTION OR STREET ADDRESS 120 W. Bethel Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Maryland 03
STREET ADDRESS (If rural give location) 120 W. Bethell Streett

3. NAME OF DECEASED: (Type or Print) (First) Clera (Middle) (no) (Last) Chase

4. DATE OF DEATH: (Month) 9 (Day) 18 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec 11 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10B. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander Chase

14. MOTHER'S MAIDEN NAME: Jenie Abriel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Charles B. Chase 415 N. Jonathan St

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
IMMEDIATE CAUSE
(A) Arterio-sclerotic Hypertensive Cardio Vascular — INTERVAL BETWEEN ONSET AND DEATH: 5 yr +

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
(B) DUE TO Uremia with myocardial failure
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. N

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to 18 Sept, 1955, that I last saw the deceased alive on 18 Sept, 1955, and that death occurred at 1.30 P M, from the causes and on the date stated above.

SIGNATURE F. H. Lusby M. D. ADDRESS 230 N Potomac DATE SIGNED 19 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-21-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland.

DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1955

REGISTRAR'S SIGNATURE Chas. H. Koeverd

24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09121

9149

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Smithsburg; LENGTH OF STAY (in this place) 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 38 E. Water St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X; STREET ADDRESS (If rural give location) 38 E. Water St. 1

3. NAME OF DECEASED: (Type or Print) (First) Ernest (Middle) Lee (Last) Clopper

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 17 55

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: Dec. 20, 1900

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10B. KIND OF BUSINESS OR INDUSTRY: farm co-op

11. BIRTHPLACE (State or foreign country): Bowman's Mill, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Clopper

14. MOTHER'S MAIDEN NAME: Sarah Hyssong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-2138

17. INFORMANT & ADDRESS: Mrs. Naomi Clopper, Smithsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

416X

IMMEDIATE CAUSE (A) DUE TO Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 mts

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Rheumatic Heart Disease — 30 yrs

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 5, 1955 to Sept 17 1955; that I last saw the deceased alive on Sept 17, 1955, and that death occurred at 11.30 P.M., from the causes and on the date stated above.

SIGNATURE M.D. — ADDRESS — DATE SIGNED

G A Kobler — Smithsburg — 9/19/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial; DATE THEREOF 9-20-55; NAME OF CEMETERY OR CREMATORY Leitersburg Cemetery; LOCATION (City, town, or county) (State) Leitersburg, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 19-55; REGISTRAR'S SIGNATURE Geo M Ferguson

24. FUNERAL DIRECTOR — ADDRESS: Scott F. Minnich & Son, Smithsburg

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09122

CERTIFICATE OF DEATH

9141

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural 2 Hancock Md.
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 2 Rural Hancock Md. X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Raymond	Lee	Corbett	9	17	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	April 13.1894	61 yrs.	5	4		

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Labor	Loging	Washington County Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Howard Corbett	Elmira Post

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		214-14-6735	Donald R Corbett R.F.D. 1 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause 415X (a) DUE TO Myocardeles — 25 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO — (c) Pneumonia — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb 22, 19 54, to Feb 26, 19 54, that I last saw the deceased alive on Feb 26, 1954, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H C Tabb — ADDRESS Hancock Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9.20.55	Catalpa Cemetery	Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE: 9-19-55 J A Heeler

24. FUNERAL DIRECTOR — ADDRESS: Howard F Stone Hancock Md

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

91 3

CERTIFICATE OF DEATH

09123 302

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washing ton
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport X 1
STREET ADDRESS (If rural give location) 112 Salisbury St.

3. NAME OF DECEASED: (Type or Print) (First) Lena (Middle) Catherine (Last) Crider

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan. 6, 1897

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months 8 Days 8
IF UNDER 24 HRS.: Hours 14 Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Private Home

11. BIRTHPLACE (State or foreign country): Clearspring, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Issiah Myers

14. MOTHER'S MAIDEN NAME: Anna Hastings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service) None

16. SOCIAL SECURITY No.: 220-18-1048

17. INFORMANT & ADDRESS: Mrs. Irene Davidson Clearspring RFD #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Coronary Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) — DUE TO — (c)

Interval Between Onset And Death: 1 Day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20/55, 19..., to 9/21/55 19..., that I last saw the deceased alive on 9/21/55, 19..., and that death occurred at 12:05 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. F. Young M.D. — ADDRESS William sport Md — DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept. 24, 1955 — NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery — LOCATION (City, town, or county) (State) Williamsport, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 24, 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS Albert L. Leaf Williamsport, Md.

9124 Dr. Welty

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

09124 Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville, Maryland X
STREET ADDRESS (If rural give location) Box 16

3. NAME OF DECEASED: (Type or Print) (First) CATHERINE (Middle) MATELDA (Last) CROMER

4. DATE OF DEATH: (Month) Sept. (Day) 14, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: August 8, 1902
9. AGE last birthday 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Weaver
10B. KIND OF BUSINESS OR INDUSTRY: Silk Co.
11. BIRTHPLACE (State or foreign country): HAGERSTOWN, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Hoffman
14. MOTHER'S MAIDEN NAME: Myrtle Rudisell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. 216-14-6285
17. INFORMANT & ADDRESS: Mr. John H. Cromer

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
IMMEDIATE CAUSE (A) Adenocarcinoma of Breast & Metastases — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 yrs

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 1953
19B. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, Breast
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-12, 1949, to 9/14, 1955, that I last saw the deceased alive on 9/14, 1955, and that death occurred at 10:30 P M, from the causes and on the date stated above.

SIGNATURE Dalton M. Welty M. D. ADDRESS Hagerstown DATE SIGNED 9/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF 9-17-55
NAME OF CEMETERY OR CREMATORY Fairview Cemetery
LOCATION (City, town, or county) (State) Keedysville, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 16 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman-Hagerstown, Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. MORAN
215 W WASH. ST.
HAGERSTOWN MD

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

91-5

Reg. Dist. No. 09125 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 8 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BEAVER CREEK - RURAL X
STREET ADDRESS (If rural give location) HAGERSTOWN MD. R.F.D. 1

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EMORY (Last) DICK

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 24 (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 28 1875
9. AGE last birthday: 80-5-26 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRACK FOREMAN - RETIRED - P. E. CO.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MT. LENA WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JACOB S. DICK
14. MOTHER'S MAIDEN NAME: MARY BOWMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO.
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: MRS. MARY STAUB - 423 GEORGE ST. HAGERSTOWN MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 904.0	(A) Mesenteric Thrombosis, Acute	2 days.
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Subtrochanteric Fracture Rt Femur	8 "
	DUE TO (C) Generalized Arteriosclerosis	?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 9/17/55
19B. MAJOR FINDINGS OF OPERATION: Comminuted Subtrochanteric Fracture Rt Femur
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): HOME
21C. WHERE DID INJURY OCCUR? (City or town) HAGERSTOWN, (County) WASH., (State) Md
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR? Fell at Home

22. I hereby certify that I attended the deceased from 9/16, 1955, to 9/24, 1955, that I last saw the deceased alive on 9/24, 1955, and that death occurred at 5-P-M, from the causes and on the date stated above.
SIGNATURE John A. Moran
ADDRESS M. D. 215 W. Washington St.
DATE SIGNED 9/26/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL
DATE THEREOF: SEPT. 27-1955
NAME OF CEMETERY OR CREMATORY: MT. LENA CEMETERY
LOCATION (City, town, or county) (State): MT. LENA WASH. CO. MD.

DATE REC'D BY LOCAL REGISTRAR: SEP 26 1955
REGISTRAR'S SIGNATURE: Thos. H. Bowers
24. FUNERAL DIRECTOR: WM. E. BAST AND SONS
ADDRESS: BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09126

CERTIFICATE OF DEATH

91 6

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 322 N. Cleveland Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 05
STREET ADDRESS (If rural give location) 322 N. Cleveland Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Boyle (Last) Diehl, Sr.

4. DATE OF DEATH: (Month) Sept. (Day) 14 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 10-23-1893

9. AGE last birthday 61 yrs. IF UNDER 1 YEAR Months 10 Days 11 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): R. R. Shops

10B. KIND OF BUSINESS OR INDUSTRY: Cumberland Shops

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William O. Diehl

14. MOTHER'S MAIDEN NAME: Mary E. Bankard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 705-05-4768

17. INFORMANT & ADDRESS: Mrs. Howard B. Diehl, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 IMMEDIATE CAUSE	(A) Coronary occlusion due to Arteriosclerotic Heart Disease	7 yrs.
ANTECEDENT CAUSE (S)	DUE TO (B) Generalized Arteriosclerosis.	5 yrs.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST	DUE TO (C) Aneurysm of the Aorta	1 yr.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/23, 1893, to Sept 14th, 1955, that I last saw the deceased alive on Sept 13 1955, and that death occurred at 4A M, from the causes and on the date stated above.

SIGNATURE Thos. J. Koleman M. D. ADDRESS Hagerstown Md DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-17-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 15, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09127

CERTIFICATE OF DEATH

91-7

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON; STATE MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 50YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 717 WASHINGTON AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 717 WASHINGTON AVE.

03 00 03 1

3. NAME OF DECEASED: (Type or Print) (First) LEO (Middle) PATRICK (Last) DONEGAN

4. DATE OF DEATH: (Month) SEPT. (Day) 12 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 9/16/1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: NIGHT WATCHMAN

10b. KIND OF BUSINESS OR INDUSTRY: PUBLISHING CO.

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS DONEGAN

14. MOTHER'S MAIDEN NAME: SUSAN CLAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-10-3504

17. INFORMANT & ADDRESS: MR. DONALD B. DONEGAN HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X

Immediate cause (a) Carcinoma of the pancreas — Interval Between Onset And Death: 9 mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer — 4 mo.

19a. DATE OF OPERATION: May 15, 1955 / 19b. MAJOR FINDINGS OF OPERATION: Gastroduodenal ulcer; gastric resection

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 11, 19 55, to Sept. 12, 19 55, that I last saw the deceased alive on Sept. 11, 55, and that death occurred at 12:15 A.M., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 148 W. Washington St. Hagerstown, Md. DATE SIGNED Sept. 12, 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 9/14/55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cem. | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 12, 1955 | REGISTRAR'S SIGNATURE Thos. H. Bowers | 24. FUNERAL DIRECTOR W. D. Norment | ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Bowman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09128

CERTIFICATE OF DEATH

91 8

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Cty Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 510 Summit Ave. 1

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Infant son of Ralph Dorman

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 15 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): --

8. DATE OF BIRTH: Sept. 14, 1955

9. AGE last birthday yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10B. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Ralph F. Dorman

14. MOTHER'S MAIDEN NAME: Elaine Swisher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) -- (If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO. --

17. INFORMANT & ADDRESS: Ralph F. Dorman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 510 Summit Ave

762.5 IMMEDIATE CAUSE (A) atelectasis DUE TO

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) prematurity DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH: at Birth

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/14, 1955, to 9/15, 1955, that I last saw the deceased alive on 9/15, 1955, and that death occurred at P. M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Hagerstown Md DATE SIGNED 9/16/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9-16-1955

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 16, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman, Hagerstown, Md.

3095262270

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DR. WADE

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—10-53

9142

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09129

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X ROHRERSVILLE
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If not in hospital give street address) ROHRERSVILLE MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROHRERSVILLE X
STREET ADDRESS (If rural give location) 1 ROHRERSVILLE MD.

3. NAME OF DECEASED: (Type or Print) (First) BENJAMIN (Middle) FRANKLIN (Last) EASTON

4. DATE OF DEATH: (Month) SEPEMBER (Day) 30 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: JULY 15 1878

9. AGE last birthday 77-2-15 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER - RETIRED

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): ROHRERSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: JOHN EASTON

14. MOTHER'S MAIDEN NAME: ELIZA CLEVER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MILTON EASTON ROHRERSVILLE MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 IMMEDIATE CAUSE (A) Generalized Cerebral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 19 days

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF any, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Chronic Myocarditis — " "

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept-11, 19VV, to Sept. 30, 19VV, that I last saw the deceased alive on Sept. 30, 19VV, and that death occurred at 2:00 P. M, from the causes and on the date stated above.

SIGNATURE J. Hubert Funk M. D. ADDRESS Boonsboro - Md DATE SIGNED 10-1-VV

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF Oct-3-1955

NAME OF CEMETERY OR CREMATORY Rohrersville Cemetery

LOCATION (City, town, or county) (State) Rohrersville Wash. Co. MD.

DATE REC'D BY LOCAL REGISTRAR Oct. 3rd-55

REGISTRAR'S SIGNATURE Katherine Daguhart

24. FUNERAL DIRECTOR Wm. F. Bast and Sons ADDRESS Boonsboro Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09130

9129

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL 81

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN 03 1
STREET ADDRESS (If rural give location) 614 MARYLAND AVE.

3. NAME OF DECEASED (Type or Print): (First) SHARON (Middle) CARLENE (Last) FEISER
4. DATE OF DEATH: (Month) SEPT. (Day) 11 (Year) 1955
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE (circled)
8. DATE OF BIRTH: 9/17/1954
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 11 Days 24 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: EARL J. FEISER
14. MOTHER'S MAIDEN NAME: ALBERTA C. MYERS
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service) NO 4
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: MR. EARL J. FEISER HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — 754.0

		Interval Between Onset And Death
Immediate cause (a)	Thrombosis of Int. Carotid artery - Rt	2 days.
DUE TO Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)	Congenital Heart Disease (Tetralogy of Fallot)	1 year
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 17, 1954, to Sept 11, 1955, that I last saw the deceased alive on Sept 10, 1955, and that death occurred at 5 35 AM, from the causes and on the date stated above.
SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 9/12/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 9/13/55 NAME OF CEMETERY OR CREMATORY Boonsboro Cem. LOCATION (City, town, or county) Boonsboro Wash. (State) Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 12, 1955 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norwest ADDRESS Hagerstown, Md.

209436 1393

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

M C I

Dr. Hirshman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09131

9110

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Elizabeth St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 28 Elizabeth St. 1

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Lucinda (Last) Fogle

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: June 18, 1869

9. AGE last birthday 86 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Thurmont, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jeriniah Harbaugh

14. MOTHER'S MAIDEN NAME: Anna Whitmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs. Helen Spalding 28 Elizabeth St. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion.

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B)
DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 72 hrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Carcinoma of skin of forehead — 4 yrs.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1955, to 21 Sept, 1955, that I last saw the deceased alive on 19 Sept, 1955, and that death occurred at 8:45 AM, from the causes and on the date stated above.

SIGNATURE E H Woodlands M. D. ADDRESS Hagerstown Md DATE SIGNED 9/23/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 9/24/55

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 23, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc

ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09132

9111

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY Washington — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) 03 Hagerstown

LENGTH OF STAY (in this place) 16 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Penna. COUNTY Franklin

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greencastle 75 x-3

STREET ADDRESS (If rural give location) 115 North Allison St

3. NAME OF DECEASED: (Type or Print) (First) Howard (Middle) Emory (Last) Glaser

4. DATE OF DEATH: (Month) September (Day) 8, (Year) 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	Single	June 11, 1917	38 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Tool Equipment Checker	Fairchild Aircraft	Franklin Co. Penna.	U.S.A.

13. FATHER'S NAME: Karl M. Glaser

14. MOTHER'S MAIDEN NAME: Rhoda B. Stoutter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes World War II	175-03-1688	Mrs. Karl B. Glaser Greencastle, Pa

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331.X

Immediate cause (a) ESSENTIAL HYPERTENSION - Vascular

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage into Medulla Oblongata & Pons.

DUE TO (c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Idiopathic Epilepsy

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9/1, 19 55, to 9/8, 19 55, that I last saw the deceased alive on 9/8/55 19, and that death occurred at 11:57 P.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
M. Breuer M.D.	Greencastle Pa	9/9/55

23. BURIAL, CREMATION, REMOVAL, (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9/11/1955	Cedar Hill Cemetery	Greencastle, Franklin Co. Pa.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 1955	Chas. H. Bowers	Harold M. Zimmerman	Greencastle Pa

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9143

CERTIFICATE OF DEATH

Dr Bell

09133

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Funkstown
LENGTH OF STAY (in this place) 21 MOs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 223 East Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Funkstown X
STREET ADDRESS (If rural give location) 223 East Baltimore St.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EMORY (Last) HARSHMAN

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: April 8 1874

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner operator

10B. KIND OF BUSINESS OR INDUSTRY: retired

11. BIRTHPLACE (State or foreign country): Near Myersville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Israel Harshman

14. MOTHER'S MAIDEN NAME: Mary Hooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Mrs Mollie E. Harshman

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X IMMEDIATE CAUSE (A) Cerebral thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 24 hours.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerosis. — Years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None.

19A. DATE OF OPERATION: 0 None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 25, 1955, to Sept. 26, 1955, that I last saw the deceased alive on Sept. 25, 1955, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE K. A. Bell M. D. ADDRESS Hagerstown. Md. DATE SIGNED Sept. 27. 55.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial — DATE THEREOF 9/28/55 — NAME OF CEMETERY OR CREMATORY Dunkard Cemetery — LOCATION (City, town, or county) (State) Beaver Creek Wash Co Md

DATE REC'D BY LOCAL REGISTRAR Sept. 28. 1955 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagersyown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09134

9144

CERTIFICATE OF DEATH

Reg. Dist. No. 3-CC

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) X Sharpsburg Md
LENGTH OF STAY (in this place) 80 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpsburg Md. X
STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED: (Type or Print) (First) Edna (Middle) (Last) Highbarger

4. DATE OF DEATH: (Month) Sept. (Day) 8 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 8 18~~76~~

9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months 9 Days Hours Min. IF UNDER 24 HRS.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John W. Swain

14. MOTHER'S MAIDEN NAME: Georgiana Brashaears

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: (brother) Mr. John Swain Sharpsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 157X (a) Ca Pancreas & Its Pancreas DUE TO — Interval Between Onset And Death 9 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular Disease 5 yrs.

19a. DATE OF OPERATION: 0 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to Sept. 8, 1955, that I last saw the deceased alive on Sept. 7, 1955, and that death occurred at ..., from the causes and on the date stated above.

SIGNATURE (Degree or title) J. W. Shank M.D. ADDRESS Sharpsburg Md. DATE SIGNED 9/9/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 11-55

NAME OF CEMETERY OR CREMATORY Mt. View Cemetery

LOCATION (City, town, or county) (State) Sharpsburg Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 12, 1955

REGISTRAR'S SIGNATURE E. G. Boyer

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

09135

MARYLAND STATE DEPARTMENT OF HEALTH

9112

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (In this place) 1DAY
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 351 LIBERTY ST

3. NAME OF DECEASED (Type or Print): (First) SIMON (Middle) H. (Last) HILDEBRAND

4. DATE OF DEATH: (Month) (9 (Day) I7 (Year) 19 55

5. SEX MALE | 6. COLOR OR RACE WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED | 8. DATE OF BIRTH APRIL 6, 1905 | 9. AGE last birthday 50 yrs. | If under 1 year: Months / Days | If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASPHALT DEPT. | 10b. KIND OF BUSINESS OR INDUSTRY CONTRACTOR | 11. BIRTHPLACE (State or foreign country) ALMIRE, VA. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SIMON H. HILDEBRAND | 14. MOTHER'S MAIDEN NAME ELLA HUNTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 214-09-1153 | 17. INFORMANT AND ADDRESS MARY HILDEBRAND 351 LIBERTY ST. HAGERSTOWN, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9030

Immediate cause (a) Fracture dislocation of 5th cervical vertebrae with edema of spinal cord — 36 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intra cerebral hemorrhages

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home | (CITY OR TOWN) Hagerstown | (COUNTY) Washington | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 9/15/55 6:30P m. | INJURY OCCURRED While at wnrk ☐ Nnt while at work ☑ | HOW DID INJURY OCCUR? Fell over a tricycle in yard at home

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

S. Robert Wells MD DEPUTY MEDICAL EXAMINER WASH. CO., 115 N. Potomac St- Hagerstown, Md. 9-19-55

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF (9/20/55 | NAME OF CEMETERY OR CREMATORY ST. PAULS CEMETERY | LOCATION (City, town, or county) (State) CLARR SPRING MD.

DATE RECD BY LOCAL REG. Sept. 19, 1955 | REGISTRAR'S SIGNATURE E. Hastings | 24. FUNERAL DIRECTOR FRED W. KRAISS | ADDRESS HAGERSTOWN, MD.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09136

9145

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Smithsburg
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Smithsburg X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) Florence (Middle) Stouffer (Last) Holtzman

4. DATE OF DEATH: (Month) Sept. (Day) 1, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: May 26, 1869

9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Near Chewsville, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Stouffer

14. MOTHER'S MAIDEN NAME: Annie Mary Snyder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If NO

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Charles L. Holtzman, Smithsburg Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332X

IMMEDIATE CAUSE (A) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 mos.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cerebral Embolism — 10 days.

DUE TO (C) Generalized Arteriosclerosis — 10 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April —, 1940, to Sept 1 —, 1955, that I last saw the deceased alive on Aug 27 —, 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

SIGNATURE AND M.D. Walter Y. Grove — ADDRESS Waynesboro Penna — DATE SIGNED 9-2-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9/4/55

NAME OF CEMETERY OR CREMATORY: Smithsburg

LOCATION (City, town, or county) (State): Smithsburg, Washington Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 3-55

REGISTRAR'S SIGNATURE: Geo W Ferguson

24. FUNERAL DIRECTOR — ADDRESS: Walter Y. Grove, Waynesboro Pa.

9146

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09137

CERTIFICATE OF DEATH

Reg. Dist. No. 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Garetts Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garretts Mills
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Daniel (Last) Jones

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-21-1891

9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Clerk

10b. KIND OF BUSINESS OR INDUSTRY: B & O R.R. Co

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William T. Jones

14. MOTHER'S MAIDEN NAME: Sarah Catherine Guthridge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) N (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Virgie Jones Garretts Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
260 X Immediate cause	(a) Coronary Occlusion	15 mi
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary Sclerosis	6 mo
	DUE TO (c) Diabetes & Generalized Sclerosis	10 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-21-55 to 9-19-55, that I last saw the deceased alive on 9-14-55, and that death occurred at 4:25 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Calvert Orie MD ADDRESS DATE SIGNED 9/21/55

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF 9-22-55

NAME OF CEMETERY OR CREMATORY Bethesda

LOCATION (City, town, or county) (State) Brunswick Md.

DATE REC'D BY LOCAL REG. Sept 23, 1955

REGISTRAR'S SIGNATURE Katherine Dagenhart

24. FUNERAL DIRECTOR C. A. Tietz & Bro ADDRESS Brunswick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09138

9113

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 535 Frederick St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wash
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03
STREET ADDRESS (If rural give location) 535 Frederick St. 1

3. NAME OF DECEASED: (Type or Print) (First) Bertie (Middle) Ann (Last) Kemp

4. DATE OF DEATH: (Month) Sept (Day) 14 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Oct 22, 1866

9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life. Do not give retired): House Wife

10B. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Leitersburg Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob B. Stoner

14. MOTHER'S MAIDEN NAME: Elizabeth Tritle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: Arthur J. Stoner Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE

(A) Arterio sclerotic heart

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Dilation & cardiac decompensation

DUE TO (C)

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1954, to 14 Sept. 1955, that I last saw the deceased alive on 13 Sept. 1955, and that death occurred at 7:50 M, from the causes and on the date stated above.

SIGNATURE Elden J. Woodland M. D. ADDRESS Hag. DATE SIGNED 9/14/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: 9-16-55

NAME OF CEMETERY OR CREMATORY: Green Hill Cemetery

LOCATION (City, town, or county) (State): Waynesboro Pa.

DATE REC'D BY LOCAL REGISTRAR: Sept. 16, 1955

REGISTRAR'S SIGNATURE: Louise H. Bowers

24. FUNERAL DIRECTOR: Scott F. Minnich & Son ADDRESS: Hag. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09139

9114

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this State) 25YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 823 FORREST DRIVE

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 823 FORREST DRIVE

3. NAME OF DECEASED: (Type or Print) (First) LINWOOD (Middle) STARR (Last) KIGHT

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 7 (Year) 19 55

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 3/3/1899

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: BUSINESS CONSULTANT

10b. KIND OF BUSINESS OR INDUSTRY: OWN BUSINESS

11. BIRTHPLACE (State or foreign country): VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EUGENE D. KIGHT

14. MOTHER'S MAIDEN NAME: MARGARET V. CLARK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) W.W.#2

16. SOCIAL SECURITY NO.: 214-10-5179

17. INFORMANT & ADDRESS: MRS. EVELYN KIGHT HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Myocardial Infarction	4 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Diabetes Mellitus	3 yrs.
	(c) DUE TO	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1947, to 9/8/55, 19..., that I last saw the deceased alive on 9/5/55, 19..., and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Kean Gourley M.D.
ADDRESS 148 N. Potomac St., Hagerstown, Md.
DATE SIGNED 9/8/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/9/55
NAME OF CEMETERY OR CREMATORY Arlington National Cem.
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR Sept. 8, 1955
REGISTRAR'S SIGNATURE Bill Bowers

24. FUNERAL DIRECTOR W. J. Norment, Hagerstown, Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

9115

09140

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairplay
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) MARVIN (Middle) ELWOOD (Last) LAMBERT JR.

4. DATE OF DEATH (Month) September (Day) 8 (Year) 1955

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH Sept. 5, 1955

9. AGE last birthday yrs. If under 1 year Months Days 4 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marvin E. Lambert Sr.

14. MOTHER'S MAIDEN NAME Margaret Fauber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mr. Marvin Lambert Fairplay, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Failure of Heat Regulating Mechanism — Interval Between Onset and Death: Life 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to Prematurity Wt. 1lb 14½ oz.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Sept, 1955, to 8 Sept, 1955, that I last saw the deceased alive on 8 Sept, 1955, and that death occurred at 8:40 A m., from the causes and on the date stated above.

SIGNATURE Lewis Hood M.D. (Degree or title) ADDRESS Williamsport Md DATE SIGNED 8 Sept 55

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9/10/55

NAME OF CEMETERY OR CREMATORY Manor Cemetery

LOCATION (City, town, or county) (State) Washington County Maryland

DATE REC'D BY LOCAL REG. Sept. 9, 1955

REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

2095161260

9116

09141

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 23 Hagerstown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 80 18 W. Baltimore St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 18 W. Baltimore, St.

3. NAME OF DECEASED: (Type or Print) (First) ELMER (Middle) (Last) LANE

4. DATE OF DEATH: (Month) 9 (Day) 19 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 12, 1871

9. AGE last birthday 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10B. KIND OF BUSINESS OR INDUSTRY: House const.

11. BIRTHPLACE (State or foreign country): Chambersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 215-18-1679

17. INFORMANT & ADDRESS: Clara Lane 18 W. Baltimore St, Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) arteriosclerosis — yrs
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/31, 1954, to 9/19, 1955, that I last saw the deceased alive on 9/11, 1955, and that death occurred at 11 P M, from the causes and on the date stated above.

SIGNATURE Howard A. Wells M. D. ADDRESS Hagerstown Md. DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/23/55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) Hagerstown (State) Md.

DATE RECD BY LOCAL REGISTRAR 9/21/1955 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc. ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09142

9147

CERTIFICATE OF DEATH

Reg. Dist. No. 30/

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport
LENGTH OF STAY (in this place) 14 mos. ft.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N. Virginia Av. 90

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Frederick.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Winchester 83 X-3
STREET ADDRESS (If rural, give location) 326 W. Piccadilly St @ 5:45 P.M.

3. NAME OF DECEASED: (Type or Print) (First) Horace (Middle) John (Last) Martin

4. DATE OF DEATH: (Month) Sept (Day) 24, (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Nov. 25, 1880

9. AGE last birthday 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clark Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William A. Martin

14. MOTHER'S MAIDEN NAME: Amanda Ellen Henninger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs. John Martin, Winchester, Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE 442X	(A) Uremia	4 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Cardio-vascular renal disease	8 yrs
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 15, 1955, to 24 Sept, 1955; that I last saw the deceased alive on 24 Sept, 1955, and that death occurred at 5:45 P. M, from the causes and on the date stated above.

SIGNATURE AND M. D. Paul Leaf M.D. ADDRESS Williamsport Md DATE SIGNED 24 Sept 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF Sept. 26-55 | NAME OF CEMETERY OR CREMATORY Mt. Hebrom Cemetery | LOCATION (City, town, or county) (State) Winchester Va.

DATE REC'D BY LOCAL REGISTRAR Sept 25-55 | REGISTRAR'S SIGNATURE C. Lee M. Posey

24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09143

CERTIFICATE OF DEATH

9148

Reg. Dist. No. 306

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X RURAL
LENGTH OF STAY (in this place) 18 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 SMITHSBURG MD. R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL X
STREET ADDRESS (If rural give location) 1 SMITHSBURG MD. R.F.D.

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) WILLIAM (Last) MARTZ

4. DATE OF DEATH: (Month) SEPTEMBER (Day) 9 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: FEBRUARY 24 1889

9. AGE last birthday: 66 6 15 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER - NEW YORK CENTRAL IRON WORKS

10B. KIND OF BUSINESS OR INDUSTRY: BEAVER CREEK WASH. Co. MD.

11. BIRTHPLACE (State or foreign country): U.S.A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: LEWIS MARTZ

14. MOTHER'S MAIDEN NAME: AMANDA FOCKLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) - NO - (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-09-2341

17. INFORMANT & ADDRESS: MRS. JAMES McINTYRE SMITHSBURG MD. R.F.D.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 IMMEDIATE CAUSE (A) Cirrhosis of Liver — INTERVAL BETWEEN ONSET AND DEATH: 1953

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(B) DUE TO Cardiac Decompensation — 1955

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1955, to Sept 9, 1955, that I last saw the deceased alive on Sept 9, 1955, and that death occurred at 7-30 A.M, from the causes and on the date stated above.

SIGNATURE G G Kotler M. D. ADDRESS Smithsburg DATE SIGNED 9/10/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): BURIAL

DATE THEREOF: SEPT. 12. 1955

NAME OF CEMETERY OR CREMATORY: MT. LENA CEMETERY

LOCATION (City, town, or county) (State): MT. LENA WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Sept 10. 55

REGISTRAR'S SIGNATURE: Geo. W Ferguson

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS ADDRESS: BOONSBORO MD.

M

I

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 — 10 - 53

9117

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10194

CERTIFICATE OF DEATH

Reg. Dist. No. 202

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 829 Woodland Way 1

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) McGee

4. DATE OF DEATH (Month) Sept. (Day) 8 (Year) 1955

5. SEX male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Sept. 8, 1955

9. AGE last birthday - yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours 2, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John B McGee

14. MOTHER'S MAIDEN NAME Margaret Almedia Williamson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Atelectasis — Interval between onset and death: 1 hr. 40 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Immaturity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/8, 1955, to 9/8, 1955, that I last saw the deceased alive on 9/8, 1955, and that death occurred at 2 40 A.m., from the causes and on the date stated above.

SIGNATURE F. D. Doub Jr. (Degree or title) M.D. ADDRESS 214 N. Potomac, Hagerstown DATE SIGNED 10/6/55

23. BURIAL, CREMATION, REMOVAL (Specify) Hospital Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Oct 8, 1955

REGISTRAR'S SIGNATURE Ishash H. Bowers

24. FUNERAL DIRECTOR ADDRESS

2095321220

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09144

9118

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 23
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp 81

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washi
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN 03
STREET ADDRESS (If rural, give location) 960F MAIN Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ricky	Dean	McNabb	9-	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white		9-30-55	— yrs.			3	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Billy Joe McNabb
14. MOTHER'S MAIDEN NAME Alice Louise NEFF

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS 960 F MAIN ST. BILLIE J McNABB HAGERSTOWN, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
776X Immediate cause	(a) Pneumonia 6 mo	3 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 9-30, 19 55, to 9-30, 19 55, that I last saw the deceased alive on 9-30, 19 55, and that death occurred at m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
D. W. Oatt Hagerstown Md 9/30/55

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	10/1/55	Broadfording Cemetery	Broadfording, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 30 1955	Lohan K. Bowers	Albert L. Leaf	Williamsport, Md.

20952242 60

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9119

CERTIFICATE OF DEATH

Reg. Dist. No. 0914 52

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 HAGERSTOWN
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WASHINGTON County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) WILLIAMSPORT X
STREET ADDRESS (If rural give location) Williamsport Sanitarium

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) ELIAS (Last) McVAY

4. DATE OF DEATH: (Month) Sept (Day) 21 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 9, 1874

9. AGE last birthday 81 yrs. IF UNDER 1 YEAR Months 6 Days 12 IF UNDER 24 HRS. Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SINGER

10B. KIND OF BUSINESS OR INDUSTRY: SINGING

11. BIRTHPLACE (State or foreign country): IOWA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: WILLIAM H. McVAY

14. MOTHER'S MAIDEN NAME: ELMIRA WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Cecil McVey Mt. TAMMANY Near WILLIAMSPORT, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 420.1 (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Day

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (B) DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/20/55, 19..., to 9/21/55, 19..., that I last saw the deceased alive on 9/21/55, 19..., and that death occurred at 7.05 P. M, from the causes and on the date stated above.

SIGNATURE M. D. Ralph F. Young ADDRESS Williamsport, Md. DATE SIGNED 9/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF Sept. 24, 1955

NAME OF CEMETERY OR CREMATORY Mt. Hebron Cemetery

LOCATION (City, town, or county) (State) WINCHESTER, VIRGINIA

DATE REC'D BY LOCAL REGISTRAR Sept 22, 1955

REGISTRAR'S SIGNATURE Edgar H. Bowers

24. FUNERAL DIRECTOR ALBERT L. LEAF ADDRESS WILLIAMSPORT, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09146

9149

CERTIFICATE OF DEATH

Reg. Dist. No. 20 1

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 116 N. Conococheague Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) " Williamsport X
STREET ADDRESS (If rural give location) 116 N. Conococheague St.

3. NAME OF DECEASED: (Type or Print) (First) Albert (Middle) Boyd (Last) Miller

4. DATE OF DEATH: (Month) Sept. (Day) 5 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 21 1882

9. AGE last birthday 73 yrs.
IF UNDER 1 YEAR: Months 7 Days 14
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10B. KIND OF BUSINESS OR INDUSTRY: Tannery

11. BIRTHPLACE (State or foreign country): Near Hancock Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Thomas Miller

14. MOTHER'S MAIDEN NAME: Elizabeth Spitznogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: 116 N. Conococheague Mrs. Clara Miller Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: Day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/4/55, 19..., to 9/5/55, 19..., that I last saw the deceased alive on 9/5/55, 19..., and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE Ralph Lyons M.D. ADDRESS Williamsport Md. DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept. 8-55
NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Sept 7-55
REGISTRAR'S SIGNATURE E Lee McElroy

24. FUNERAL DIRECTOR ADDRESS Edith V. Leaf Williamsport Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09147

9129

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 135 West Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Victor (Middle) Davis (Last) Miller

4. DATE OF DEATH: (Month) Sept. (Day) 21 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 15, 1875

9. AGE last birthday 80 yrs. IF UNDER 1 YEAR Months 6 Days 6 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Medical Doctor

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): State Line, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dr. Victor D. Miller, Sr.

14. MOTHER'S MAIDEN NAME: Alice Rench

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Victor D. Miller, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
IMMEDIATE CAUSE (A) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSE (B) DUE TO Arteriosclerotic heart disease — 4 years.

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) DUE TO

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Suprapubic prostatectomy (Operation)

19A. DATE OF OPERATION: Sept 6, 1955

19B. MAJOR FINDINGS OF OPERATION: Enlarged (benign) prostate

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1955, to Sept 21, 1955, that I last saw the deceased alive on Sept 21, 1955., and that death occurred at 4 A. M, from the causes and on the date stated above.

SIGNATURE R. L. Stauffer M. D. ADDRESS Hagerstown Md DATE SIGNED Sept. 22, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-23, 1955 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) Hagerstown, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Sept. 23/1955 — REGISTRAR'S SIGNATURE Chas. H. Boovers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.

9150

MARYLAND STATE DEPARTMENT OF HEALTH

09148

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

Item 8, FilmG187 10-5-55 et

MARGIN RESERVED FOR BINDING — Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: X Rural -Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00 U S # 40 -East

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown X
STREET ADDRESS (If rural, give location): R # 1 /

3. NAME OF DECEASED (Type or Print): (First) Carman. (Middle) (Last) Misner

4. DATE OF DEATH: (Month) (Day) (Year) Sept. 19, 1955 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 39 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: HARVEY MISNER

14. MOTHER'S MAIDEN NAME: SYLVER CROSS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: HARVEY MISNER SMITHSBURG MD. R.1.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 816X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured skull hemorrhage & shock — Interval Between Onset and Death: 10min

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 none

19b. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Highway (CITY OR TOWN): Hagerstown-rural (COUNTY): Washington (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 19'55 1:15PM

INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? Tractor - Bus Accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S R Hurst Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS: 115 N. Potomac St- Hagerstown, Md. - DATE SIGNED: 9-19-55

BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: SEPT-22-1955 — NAME OF CEMETERY OR CREMATORY: BETHEL CEMETERY — LOCATION (City, town, or county) (State): FOXVILLE FRED. Co. MD.

DATE REC'D BY LOCAL REGISTRAR: Sept. 20. 1955 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: WM. F. BAST AND SONS — ADDRESS: BOONSBORO MD.

VS. A15A

9121

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09149

CERTIFICATE OF DEATH

Reg. Dist. No. 6302

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown; LENGTH OF STAY (in this place) 40 yrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS 8/ Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown 03 1

STREET ADDRESS (If rural give location) 646 Summit Ave.

3. NAME OF DECEASED: (First) Hettie (Middle) Jane (Last) Moyer

4. DATE OF DEATH: (Month) Sept (Day) 26 (Year) 1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 21, 1896	59 yrs.				

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife	Own Home	Near Warrenton Va.	

13. FATHER'S NAME: William A. Lillard

14. MOTHER'S MAIDEN NAME: Elizabeth F. Strickler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
4/ No	----	Carl D. Moyer Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
332X IMMEDIATE CAUSE	(A) Cerebral Thrombosis	16 Hours
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (260X)	(B) DUE TO Essential Hypertension	Indefinite
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Diabetes Mellitus	Indefinite

19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
0		

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED While at work ☐ Not while at work ☐	21F. HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Sept 24, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 24, 1955, and that death occurred at 7:00 A M, from the causes and on the date stated above.

SIGNATURE Paul Harrison M.D. ADDRESS DATE SIGNED 9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-28-55	Rose Hill Cemetery	Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 27, 1955	Chas. H. Bowers	Scott F. Minnich & Son	Hag. Md.

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9122

09150

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 45 S. Potomac St. (Costello Hotel)

3. NAME OF DECEASED: (Type or Print) (First) Douglas (Middle) Manford (Last) Mullenix

4. DATE OF DEATH: (Month) 9 (Day) 17 (Year) 1955

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): divorced

8. DATE OF BIRTH: June 8, 1900

9. AGE last birthday 55 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) general laborer

10B. KIND OF BUSINESS OR INDUSTRY: self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mullenix

14. MOTHER'S MAIDEN NAME: Hattie Corder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Clyde Mullenix Maugansville, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

IMMEDIATE CAUSE (A) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Cancer of Colon — 1 year

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. None

19A. DATE OF OPERATION: 11/6/54

19B. MAJOR FINDINGS OF OPERATION: Cancer of Colon

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/6, 1955, to 9/17, 1955, that I last saw the deceased alive on 9/17, 1955, and that death occurred at ..... M, from the causes and on the date stated above.

SIGNATURE J. R. Dunn M. D. ADDRESS Hagerstown DATE SIGNED 9/18/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial

DATE THEREOF 9-19-55

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept 8, 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9151

CERTIFICATE OF DEATH

09151
Reg. Dist. No. 304

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Hancock
LENGTH OF STAY (in this place) 3 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md. X
STREET ADDRESS (If rural give location) Rural 1 Hancock Md. 1

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Munson

4. DATE OF DEATH: (Month) 9.6. (Day) (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Infant

8. DATE OF BIRTH: May 23.55

9. AGE last birthday: yrs.
IF UNDER 1 YEAR: Months 3 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Washigton County Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arnold F Munson

14. MOTHER'S MAIDEN NAME: Mary Jane Trail

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Arnold F Munson R.F.D.1 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Asphyxia — 2 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) due to inhalation of vomitus
DUE TO (c)

921.0

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) (COUNTY) Wash. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 19 55, to Sept 6, 19 55, that I last saw the deceased alive on Sept 6, 19 55, and that death occurred at 830 A M, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hancock Md. DATE SIGNED 9/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9-8-55

NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery

LOCATION (City, town, or county) (State) Hancock Washington Md.

DATE REC'D BY LOCAL REGISTRAR 9-8

REGISTRAR'S SIGNATURE J.A. Fellers

24. FUNERAL DIRECTOR Howard J Hose ADDRESS Hancock Md

9123 Dr. Hoffman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09152

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Garlock Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 47 E. Antietam St. 1

3. NAME OF DECEASED: (First) CORA (Middle) SWARTZ (Last) OSWALD
4. DATE OF DEATH: (Month) Sept. (Day) 28, (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 24, 1872
9. AGE last birthday 82 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 Hrs.: Hours Mln.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John D. Swartz
14. MOTHER'S MAIDEN NAME: Mary E. Spangler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) — — — —
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: Miss Vivian Oswald

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 IMMEDIATE CAUSE (A) Coronary Thrombosis — minutes
ANTECEDENT CAUSE (S) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriosclerosis - Generalized — yrs.
904.0 DUE TO
(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Fracture of hip — 5 mo.

19A. DATE OF OPERATION: May 22 - 55
19B. MAJOR FINDINGS OF OPERATION: Fractured hip.
20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☑ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.): Home
21C. WHERE DID INJURY OCCUR? (City or town) Hagerstown, (County) 21 (State) Md.
21D. TIME OF INJURY (Month) May (Day) 15, (Year) 55 (Hour) P.M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☑
21F. HOW DID INJURY OCCUR? Fell while ironing in kitchen

22. I hereby certify that I attended the deceased from May 15, 1955 to Sept. 28 1955, that I last saw the deceased alive on Sept 27, 1955, and that death occurred at 3:30 A.M., from the causes and on the date stated above.

SIGNATURE Clark C. Hoffman M.D. ADDRESS 214 N. Potomac, St. DATE SIGNED Sept. 28-55, Md

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 9-30-55
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REGISTRAR: Sept. 30, 1955
REGISTRAR'S SIGNATURE: Ethel M. Bowers
24. FUNERAL DIRECTOR ADDRESS: Andrew K. Coffman-Hagerstown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

09153

2411 N. Charles Street, Baltimore

9124

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY Washington County Hosp. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 03
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp. 81

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg
STREET ADDRESS (If rural, give location) RFD #2

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
		Price	Sept.	30	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white		September-30	yrs.		20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elmer Caleb Price	Pauline Ida Rohrer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH,

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Prematurity (11 oz.)	20 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) (approximately 4 mo. gestation)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept. 30, 1955, to Sept. 30, 1955, that I last saw the deceased alive on Sept. 30, 1955, and that death occurred at 10:10 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. A. Bell	M. D.	Hagerstown, Md.	Oct. 1, 1955

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Interment			

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 5, 1955	Chas. H. Bowers		

20953251 90

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09154

CERTIFICATE OF DEATH

9152 Reg. Dist. No. 3.06

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Smithsburg
LENGTH OF STAY (in this place) 53 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Smithsburg X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (First) Lillie (Middle) Daisy (Last) Reecher
4. DATE OF DEATH: (Month) Sept. (Day) 6, (Year) 1955
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12/26/1875
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greensburg Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob T. Shank
14. MOTHER'S MAIDEN NAME: Barbara Spessard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: David J. Reecher, Smithsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause 420.1	(a) Acute Myocardial infarction	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized Arteris - sclerosis	15 years
	DUE TO (c) also Cerebral hemorrhage c. Rt. side hemiplegia	4 mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1953, to Sept. 6, 1955, that I last saw the deceased alive on Sept. 4, 1955, and that death occurred at 7 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter Hickok M.D. 152 Main Waynesboro Penna. 9/7/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/9/55
NAME OF CEMETERY OR CREMATORY Smithsburg
LOCATION (City, town, or county) (State) Smithsburg, Washington Md.

DATE REC'D BY LOCAL REGISTRAR Sept 9-55
REGISTRAR'S SIGNATURE Geo W Ferguson
24. FUNERAL DIRECTOR ADDRESS Walter Y. Grove, Waynesboro Pa.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

9125

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09155

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. 03
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital 81

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport X
STREET ADDRESS (If rural give location) 112 S. Artizan Street

3. NAME OF DECEASED: (Type or Print) (First) Deana (Middle) Louisa (Last) Rhodes

4. DATE OF DEATH: (Month) Sept. (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: Aug. 5 1955

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months 1 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russel Rhodes

14. MOTHER'S MAIDEN NAME: Margret Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: 112 S. Artizan St. Mr. Russel Rhodes Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.4 Immediate cause (a) Congenital Heart Disease — Interval Between Onset And Death: 1 Day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/16/55, to 9/17/55, 19..., that I last saw the deceased alive on 9/17/55, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robt. Fleming M.D. Williamsport Md. 9/17/55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Sept. 19-55

NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery

LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 18. 1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.

2085284363

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09156

9153

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Williamsport Md.
LENGTH OF STAY (in this place) 28 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 Williamsport Santarium

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 47 North Avenue

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) August Birely (Last) Roach

4. DATE OF DEATH: (Month) Sept. (Day) 11 (Year) 19 55

5. SEX: Male

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 11, 1867

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Milliner

10B. KIND OF BUSINESS OR INDUSTRY: Own business

11. BIRTHPLACE (State or foreign country): Wilson Dist. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles E. Roach

14. MOTHER'S MAIDEN NAME: Alice V. Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: Mrs. Ceclia Seibert, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 IMMEDIATE CAUSE (A) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 Hrs.

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO Arteriosclerotic Heart Disease — 2 Years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: None 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Sept, 1955, to 11 Sept, 19..., that I last saw the deceased alive on 10 Sept, 1955, and that death occurred at 2:24 M, from the causes and on the date stated above.

SIGNATURE Neale Haak M.D. ADDRESS Williamsport, Md. DATE SIGNED 11 Sept '55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9-13-1955 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept 12 1955 — REGISTRAR'S SIGNATURE Ed Lee McElroy

24. FUNERAL DIRECTOR — ADDRESS C. M. Suter & Sons, Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

9126

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

09157

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 03 Hagerstown
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 721 Forrest St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural, give location) 721 Forrest St. 1

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	William	Ruck		9	2	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	single	May 6, 1897	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	Moose Home	Hagerstown, Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John T. Ruck	Hannah Spielman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
yes	W. War I	219-05-2014	Mrs. Mary Renner Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
592 Immediate cause	(a) acute coronary occlusion	2 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) myocardial heart Hypertensive cardio vascular disease	
	(c) Chr. glomerular nephritis	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
None			m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S Robert Wells MD		115 N. Potomac St- Hagerstown Md.	Sept. 2 '55

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-4-55	Rose Hill	Hagerstown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 3, 1955	S Kast Bowers	Fred W. Kraiss	Hagerstown, Md.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09158

9154

CERTIFICATE OF DEATH

Reg. Dist. No. 905

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LAPPANS - RURAL
LENGTH OF STAY (in this place) 70 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 FAIRPLAY MD. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND. COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAPPANS - RURAL X
STREET ADDRESS (If rural give location) FAIRPLAY - MD. R.1

3. NAME OF DECEASED: (Type or Print) (First) NORMAN (Middle) VINCENT (Last) SHERVIN

4. DATE OF DEATH (Month) SEPT - 12 - (Day) (Year) 1955

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED
8. DATE OF BIRTH: JANUARY-7-1874
9. AGE last birthday 81-8-5 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER
10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM
11. BIRTHPLACE (State or foreign country): NEAR DOWNSVILLE WASH. Co. MD. U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: SAMUEL E. SHERVIN
14. MOTHER'S MAIDEN NAME: ELIZABETH KNODLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No - (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT & ADDRESS: HOWARD SHERVIN FAIRPLAY MD. R.1

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 Day

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10/55, 19..., to 9/12/55, 19..., that I last saw the deceased alive on 9/12/55, 19..., and that death occurred at 9:30 A.M., from the causes and on the date stated above.
SIGNATURE Ralph Young M.D. ADDRESS Williamsport Md. DATE SIGNED 9/13/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL
DATE THEREOF SEPT-14-1955
NAME OF CEMETERY OR CREMATORY ROSE HILL CEMETERY
LOCATION (City, town, or county) HAGERSTOWN MD. (State)

DATE REC'D BY LOCAL REGISTRAR Sept-13-1955
REGISTRAR'S SIGNATURE John A Bard
24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

09159

9155

CERTIFICATE OF DEATH

Reg. Dist. No. 30/

1. PLACE OF DEATH:
COUNTY Washington Co. MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Williamsport, Md.
LENGTH OF STAY (in this place) 1mo, 24da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport, Sanitarium Williamsport, Maryland.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Va COUNTY 83 X 3
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Route 5 Box 354 Alexandria, Va
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) E. (Last) Smith

4. DATE OF DEATH: (Month) Sept. (Day) 20 (Year) 1955

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed
8. DATE OF BIRTH: June 9, 1868
9. AGE last birthday 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife.
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pa
12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Joseph College
14. MOTHER'S MAIDEN NAME: Mary E. McDaniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT & ADDRESS: Mrs. L. A. Ramsburg, Martinsburg W. Va.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 491X (A) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 Days.

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Cerebrovascular Encephalopathy 2yrs

19A. DATE OF OPERATION: None 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/25 1955, to 9/20 1955, that I last saw the deceased alive on 9/20 1955, and that death occurred at 8:17 M, from the causes and on the date stated above.

SIGNATURE Paul Nash M. D. ADDRESS Williamsport Md DATE SIGNED 30 Sept 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial
DATE THEREOF Sept 23, 55
NAME OF CEMETERY OR CREMATORY Green Hill, Cemetery
LOCATION (City, town, or county) (State) Martinsburg, W. Va.

DATE REC'D BY LOCAL REGISTRAR Sept 23 55
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Albert L. Leaf ADDRESS Williamsport, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

9127

MARYLAND STATE DEPARTMENT OF HEALTH

09160

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Burkittsville Rural
STREET ADDRESS (If rural, give location) Burkittsville-Brunswick Rd 10X-2

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) Thad (Last) Staley

4. DATE OF DEATH: (Month) September (Day) 25 (Year) 1955

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH 9-24-1871
9. AGE last birthday 84 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Crops
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Daniel O. Staley
14. MOTHER'S MAIDEN NAME Annie McDuell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS Wm Staley Knoxville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Pulmonary embolism acute	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mural Cardiac Thrombus	unknown
	(c) Auricular fibrillation	unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Benign prostatic hypertrophy c acute retention	3 wks

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6, 1955, to Sept 25, 1955, that I last saw the deceased alive on Sept 25, 1955, and that death occurred at 12:05 P m., from the causes and on the date stated above.

SIGNATURE Kenneth C. Henson (Degree or title) M.D. ADDRESS Middletown Md DATE SIGNED Sept 25, 1955

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 9-27-55
NAME OF CEMETERY OR CREMATORY St. Marks
LOCATION (City, town, or county) Petersville (State) Md.

DATE REC'D BY LOCAL REG. Sept. 29, 1955
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. H. Fulton & Bro ADDRESS Brunswick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09161

9128

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 610 Summit Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: WC
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03
STREET ADDRESS (If rural give location) 610 Summit Avenue 1

3. NAME OF DECEASED: (Type or Print) (First) ARCHIE (Middle) RANDOLPH (Last) STARKEY

4. DATE OF DEATH: (Month) (Day) (Year) September 6 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: August 3, 1886

9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR: Months 1 Days 3 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Engineer

10B. KIND OF BUSINESS OR INDUSTRY: Penna. R. R.

11. BIRTHPLACE (State or foreign country): Berryville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Starkey

14. MOTHER'S MAIDEN NAME: Mary J. Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 717-07-9399

17. INFORMANT & ADDRESS: Mrs. Mildred M. Starkey Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443X IMMEDIATE CAUSE	(A) Hypertensive arterio sclerotic myocardial heart disease	3yrs
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO acute cerebral thrombosis	10 min
	(C) DUE TO	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: none 0

19B. MAJOR FINDINGS OF OPERATION: -

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) --

21C. WHERE DID (City or town) (County) (State) INJURY OCCUR? --

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY ---

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from June 15, 1954 to Sept. 6, 1955, that I last saw the deceased alive on Sept. 30, 1955, and that death occurred at 1:25 A M, from the causes and on the date stated above.

SIGNATURE S. Robert Wells M.D. ADDRESS M. D. 115 N. Potomac St- Hagerstown, Md DATE SIGNED 9-7-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | DATE THEREOF 9/9/55 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR Sept. 7 1955 | REGISTRAR'S SIGNATURE C. Mrs. H. Bowers

24. FUNERAL DIRECTOR C. M. Suter & Sons ADDRESS Hagerstown, Maryland

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9129

CERTIFICATE OF DEATH

Reg. Dist. No. 09162 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown Md.
LENGTH OF STAY (in this place) 55 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 99 In Ambulance On Way to Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md. X
STREET ADDRESS (If rural give location) 132 S. Vermont Street

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Amanda (Last) Stumbaugh

4. DATE OF DEATH: (Month) 9 (Day) 25 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec. 25 1899
9. AGE last birthday: 55 yrs. IF UNDER 1 YEAR: Months 9 Days 0 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oliver Lewis
14. MOTHER'S MAIDEN NAME: Daisy Blair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT & ADDRESS: 132 S. Vermont St. Mr. Roy Stumbaugh Williamsport Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
420.1
IMMEDIATE CAUSE (A) Coronary Thrombosis DUE TO
ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH: Day

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/24/55, 19..., to 9/25/55, 19..., that I last saw the deceased alive on 9/25/55 19..., and that death occurred at 8 P. M, from the causes and on the date stated above.

SIGNATURE AND ADDRESS OF M. D. Ralph Young Williamsport Md.
DATE SIGNED 9/25/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: Sept. 28-55
NAME OF CEMETERY OR CREMATORY: Greenlawn Cemetery
LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR: Sept 26 1955
REGISTRAR'S SIGNATURE: Chas H. Bowers

24. FUNERAL DIRECTOR: Albert L. Leaf
ADDRESS: Williamsport Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09163

9158

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X WILLIAMSPORT
LENGTH OF STAY (in this place) 10 WEEKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 90 WILLIAMSPORT SANITORIUM.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KEEDYSVILLE
STREET ADDRESS (If rural give location) MAIN ST. X

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) BUXTON (Last) SUMAN

4. DATE OF DEATH (Month) 5 Sept (Day) Monday (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: MAY-22-1877

9. AGE last birthday 78-3-13 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT - SELF OWNED STORE

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): KEEDYSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB S. BUXTON

14. MOTHER'S MAIDEN NAME: ALMEDA ORRICK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: GEORGE C. BUXTON HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) Bronchopneumia	1 day
ANTECEDENT CAUSE (S) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	(B)	
	(C)	

492X

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis, Senilejd — 3 yrs.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/11 1955, to 5 Sept 1955, that I last saw the deceased alive on 4 Sept, 1955, and that death occurred at 2:45 P M, from the causes and on the date stated above.

SIGNATURE Lucretia A. M.D. ADDRESS M. D. Williamsport, Md. DATE SIGNED 5 Sept 55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF SEPT-7-1955

NAME OF CEMETERY OR CREMATORY RIVERVIEW CEMETERY

LOCATION (City, town, or county) (State) KEEDYSVILLE WASH. Co. MD

DATE REC'D BY LOCAL REGISTRAR Sept 6-55

REGISTRAR'S SIGNATURE E. Lee McElroy

24. FUNERAL DIRECTOR ADDRESS WM. F. BAST AND SONS BOONSBORO MD.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9157

CERTIFICATE OF DEATH

09164

Reg. Dist. No. 30-1

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport — LENGTH OF STAY (in this place) 9 mos +
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 1540 Virginia Av.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport
STREET ADDRESS (If rural give location) 24 W. Potomac St.

3. NAME OF DECEASED: (Type or Print) (First) Louisa (Middle) (Last) Taylor

4. DATE OF DEATH: (Month) Sept. (Day) 21, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 3, 1864

9. AGE last birthday: 91 yrs. — IF UNDER 1 YEAR: Months 2, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Milliner

10b. KIND OF BUSINESS OR INDUSTRY: Dress Shop

11. BIRTHPLACE (State or foreign country): Williamsport, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Taylor

14. MOTHER'S MAIDEN NAME: Christie Ann Newcomer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. David Cushwa, 129 E. Potomac St.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Adenocarcinoma of Colon — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1955 — 19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Colon — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1955 to 21 Sept, 1955, that I last saw the deceased alive on 20 Sept, 1955, and that death occurred at 10:40 A, from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel Saal M.D. — ADDRESS Williamsport, Md. — DATE SIGNED 21 Sept 1955

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 23, 1955 — NAME OF CEMETERY OR CREMATORY Riverview Cemetery — LOCATION (City, town, or county) (State) Williamsport, Md.

DATE REC'D BY LOCAL REGISTRAR Sept 22 - 5-3 — REGISTRAR'S SIGNATURE C Lee McElroy

24. FUNERAL DIRECTOR — ADDRESS: Edith V. Leaf Williamsport, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9130

CERTIFICATE OF DEATH

Reg. Dist. No. 09165 502

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 10 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 410 Guilford Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 03 1
STREET ADDRESS (If rural give location) 410 Guilford Ave

3. NAME OF DECEASED: (Type or Print) (First) Zelpha (Middle) Elon (Last) Vaughan

4. DATE OF DEATH: (Month) 9 (Day) 20 (Year) 19 55

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 9/11/1860

9. AGE last birthday 95 yrs.
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Spring Valley, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alvin Anderson

14. MOTHER'S MAIDEN NAME: Martha Ann Lundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT & ADDRESS: Park Road R.C. Funk Hagerstown Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

IMMEDIATE CAUSE (A) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks -

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic cardiovascular disease — 1-2 years.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29 ....., 19 55 to Sept. 20 19 55, that I last saw the deceased alive on 9/15 ....., 19 55, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE George Cummings ADDRESS M. D. Hagerstown, Md. DATE SIGNED 9/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial — DATE THEREOF 9/21/55 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 21, 1955 — REGISTRAR'S SIGNATURE Ethel H. Bowers

24. FUNERAL DIRECTOR ADDRESS Rest Haven Funeral Chapel Inc. Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9131

CERTIFICATE OF DEATH

09166

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 03 Hagerstown
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 08 600 N. Mulberry St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown 0.3 1
STREET ADDRESS (If rural give location) 600 N. Mulberry St.,

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) - (Last) Wakenight

4. DATE OF DEATH: (Month) 9 (Day) 22 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single

8. DATE OF BIRTH: May 3, 1867

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home duties

10B. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wakenight

14. MOTHER'S MAIDEN NAME: Louisiana Crum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT & ADDRESS: Leonard Wakenight Hagerstown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

IMMEDIATE CAUSE 443X

(A) Hypertensive cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B)

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Arteriosclerosis.

19A. DATE OF OPERATION: None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1955, to Sept. 22, 1955, that I last saw the deceased alive on Sept. 22, 1955, and that death occurred at 7:30 A.M, from the causes and on the date stated above.

SIGNATURE R.A. Bell M. D. ADDRESS Hagerstown, Md. DATE SIGNED Sept. 23, 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) burial | DATE THEREOF 9-24-55 | NAME OF CEMETERY OR CREMATORY Rose Hill | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR Sept. 23 1955 | REGISTRAR'S SIGNATURE Blast Bowers

24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9158

CERTIFICATE OF DEATH

09167

Reg. Dist. No. 302

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X FUNKSTOWN
LENGTH OF STAY (in this place) 35 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS BALTIMORE ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FUNKSTOWN X
STREET ADDRESS (If rural give location) 1 BALTIMORE ST.

3. NAME OF DECEASED: (First) NEWTON (Middle) J (Last) WARRENFELTZ

4. DATE OF DEATH: (Month) SEPT. (Day) 27. (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: DEC-25-1862

9. AGE last birthday 92-9-2 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER

10B. KIND OF BUSINESS OR INDUSTRY: OWN FARM

11. BIRTHPLACE (State or foreign country): BAKERSVILLE WASH. Co. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB WARRENFELTZ

14. MOTHER'S MAIDEN NAME: SUSAN LINE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No.

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MISS ANNA WARRENFELTZ FUNKSTOWN MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 9-27-55

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Arteriosclerotic Heart D.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Benign Hypertrophy of Prostate

19A. DATE OF OPERATION: 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 7, 1955, to Sept. 27, 1955, that I last saw the deceased alive on Sept. 27, 1955, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE Sidney Rosenstein M.D. ADDRESS Funkstown Md DATE SIGNED 9-28-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF SEPT-29-1955

NAME OF CEMETERY OR CREMATORY FUNKSTOWN CEMETERY

LOCATION (City, town, or county) (State) FUNKSTOWN WASH. Co. MD.

DATE REC'D BY LOCAL REGISTRAR Sept. 29, 1955

REGISTRAR'S SIGNATURE C. Grant Bowers

24. FUNERAL DIRECTOR Wm. F. Bast and Sons ADDRESS Boonsboro MD.

9132

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. 09168

Item 7 Filed 10-21-55 ot

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md.
LENGTH OF STAY (in this place) 20 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS 900 Pennsylvania Av.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Philadelphia 75 x 3
STREET ADDRESS (If rural, give location) 806 N 20th St

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fred	(no)	Washington	9	21	19 55

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Married	March 6 1894	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Laborer	Va	US

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Washington	Annie Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No	none	Isaac Washington 213 South 7th. St. Elizabeth N.J.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Fractured skull (Compound) DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Compound Fracture of left leg DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: unk

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
0		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town)	(County)	(State)
	Street	Hagerstown	Washington	Md

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work ☐ Not while at work ☒	21f. HOW DID INJURY OCCUR?
9-21-55 1:45 P.M.		Struck by auto

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE A. W. Gutshall CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAM. ☒ DATE SIGNED 9/21/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-23-1955	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept. 23, 1955	Chas. H. Bowers	John R Watson Jr	Hagerstown Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9133

CERTIFICATE OF DEATH

09169

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md
LENGTH OF STAY (in this place) 2 Wks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hancock Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) Agness (Last) Younker

4. DATE OF DEATH: (Month) 9 (Day) 21 (Year) 19 55

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Sept. 19. 1877

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days 2 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Franklin County Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Fritz

14. MOTHER'S MAIDEN NAME: Mandilla Hollman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Michael W Younker Rural 2 Hancock Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Coronary Thrombosis — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio sclepotic Heart disease- uncertain

DUE TO

(c) Hypertensive C.V. Disease - Uncertain

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7th, to Sept. 21, 1955, that I last saw the deceased alive on Sept. 21 1955, and that death occurred at 2:30 PM DST from the causes and on the date stated above.

SIGNATURE W.T. Layman (Degree or title) W.T. Layman, MD. ADDRESS 5 Public Sq. Hagerstown, Md. DATE SIGNED Sept. 24, 55

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9.24.55

NAME OF CEMETERY OR CREMATORY Stone Bridge Cemetery

LOCATION (City, town, or county) (State) Hancock Washington Md

DATE REC'D BY LOCAL REGISTRAR 9/24/1955

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR Howard P. Stone ADDRESS Hancock Md